FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2003 8:00 am Secretary of State P00000064971 DOCUMENT # 04-25-2003 90289 022 ***150.00 1. Entity Name JAIDEEP BHOJWANI, P.A. Principal Place of Business Mailing Address 2112 SOUTHWEST 71ST WAY POST OFFICE BOX 245301 DAVIE FL 33317 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address STREET P.O Box 24530 6536 SW Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-1021941 D AVIE Not Applicable Zip 5. Certificate of Status Desired Fee Required \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AIDEER NAUTOH BHOJWANI, JAIDFEP R Street Address (P.O. Box Number is Not Acceptable) 2112 SW 71 WAY DAVIE FL 33317 DAVIE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regist red agent. MAUTONC SIGNATURE ame of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** CR2E034 (10/02) TITLE TITLE ☐ Delete BHOJWANI, JAIDEEP R BHO JW AM NAME NAME 2112 SOUTHWEST 71ST WAY STREET ADDRESS STREET ADDRESS 6536 SW DAVIE FL 33317 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .CITY-ST-ZIP_ ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ₹ 📜 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered

REJUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

BHOUM